hæmoglobin into methæmoglobin, and ending by destroying the blood-globules themselves. A quite energetic antiseptic, it acts upon the nervous system in a way analogous to the phenols, but more slowly and less intense. It excites at first, then paralyzes the central nervous system. When given to man it produces a rapid but temporary fall of temperature, accompanied with abundant perspiration, chilly sensations, cyanosis, and hæmoglobinuria. It markedly alleviates painful phenomena. (4) Phenyl-hydrazin. This substance is an energetic reducer. It lowers temperature, but it cannot be employed on account of its violent action upon blood-globules. (5) Quinolin. This is considered as the nucleus of the majority of the natural alkaloids, especially of quinine, and Danoth believed that it possessed antiseptic properties, an antifebrile action, and paralyzing effects upon the nervous system, but it has been abandoned because it irritates the alimentary canal. (6) Pyrrol. The most important and almost the only representative is antipyrin, to which may be added the compounds salipyrin and tolypyrin. The first possesses a real antifermentative and microbical action, is almost harmless to the blood, presents antithermic and analgesic properties which are not in any respect inferior to those of similar remedies. As analgesic, antipyrin holds the first place in point of rapidity of action and harmlessness, next comes phenacetin, less constant and less rapid. Exalgin and acetanilid are without doubt more active, but they are dangerous. They can be used for inveterate neuralgias if other remedies have failed.

M. LABORDE, from the standpoint of antipyretic and antithermic aspect, would divide the substances into two categories. The first comprises the fundamental analgesics, of which the types are antipyrin and acetanilid; but these can, under certain conditions, act upon the pyrexias especially of the continued type. Second, the true antithermics and antipyretics, which are also antiperiodics, such as quinine, and synthetic derivatives, as quinethylin and quinopropylin. One definite physiological law can be deduced, viz., every thermic moderator is necessarily a moderator of the sensitive nerve acts. Therefore the mode of action of these substances can be stated as follows: (1) The action of the antithermics is first and mostly upon the centres of sensory reception and perception. (2) It then follows that the organic centres which preside over the production or repartition of animal heat appear to be mingled. (3) We should beware of forgetting the narrow correlation which exists between the trophic phenomena and those of sensibility.—*Les Nouveaux Remedes*, 1895, No. 18, p. 109.

THE TREATMENT OF EPILEPSY BY FLECHSIG'S METHOD.

DR. ISABEL M. DAVENPORT has made a careful and thorough trial extending over a period of more than a year. The treatment consists of opium given in one-half-grain doses, and increased by the same dose per day until fifteen grains are reached. Then the opium is discontinued and the mixed bromides, thirty grains four times each day, were substituted. Eleven patients were treated. The author concludes that: (1) The treatment does not result in recovery. (2) That it is of benefit in that it gives many of these unfortunates a gratifying respite from the attacks, and thus adds to their comfort. (3) That it is soothing and quieting to the irritable patients and exhilarating to those suffering from depression, thus relieving distressing symptoms in both cases. (4) That through the cessation of the seizures and other annoying symptoms the patient is enabled to enjoy something of life in general and to recuperate physically, and for these reasons I believe it is desirable to repeat it at intervals of two or three months, if thereby we can obtain the results mentioned above.—*American Journal of Insanity*, 1895, No. 2, p. 207.

THE TREAMENT OF SYPHILIS.

DR. MOREL-LAVALLÉE regards as provisionally demonstrated the following propositions: (1) Mercury should be the foundation of the treatment; potassium iodide is a useful accessory agent of medication. (2) The mercurialization ought to be initial, prolonged, and of sufficient dose for giving to the future a relative security. (3) The case in which the mercurial treatment has been abandoned before the end of the second year is one insufficiently treated. (4) Mercury has a preventive action against all the manifestations of the disease; the proof of this is, for example, the constantly favorable action of mercurial treatment administered with the purpose of avoiding the hereditary manifestations in the descendants of syphilitics. In case of absolute mercurial intolerance one may be forced, in default of better, to have recourse to the iodides, even in the secondary stage.—*Revue de Thérapeutique*, 1895, No. 21, p. 651.

SEVERE MANIACAL EXCITEMENT FOLLOWING THE ADMINISTRATION OF SODIUM SALICYLATE.

DR. G. B. ROBINSON reports that a single woman, forty years old, who had been an inmate of an asylum for eighteen months suffering from delusional insanity, received six twenty-grain doses of this drug at four-hour intervals to relieve a subacute rheumatism which was principally located in her wrist-joints. She became restless, incoherently talkative, more excited and delirious, using disgusting and immoral expressions, and requiring the constant attention of two nurses. Recovery from these symptoms, after the use of whiskey, milk, and eggs, took place within thirty-six hours.—*Journal of Mental Science*, 1895, No. 139, p. 685.

THE TREATMENT OF OPIUM-POISONING.

DR. LEEDOM SHARP, from elaborate investigations upon potassium permanganate, concludes: (1) That the susceptibility of lower animals to the action of morphine renders experiments on them very unsatisfactory in arriving at any results referable to man. (2) That the dose necessary to counteract the enormous lethal dose of morphine in the lower animals must of itself prove fatal. (3) That its exhibition by the stomach or hypodermatically has a marked influence in prolonging the life of rabbits poisoned by morphine. (4) That its action, when given separately from and not immediately following the dose of morphine, is not chemical, because (*a*) there is no proof of a chemical action to be deduced from the cases or experiments; (*b*) there is evidence that it does not act chemically. (5) Its action is physiological, because (*a*) there is no proof that it acts chemically, except when